



49/16324

AMENDMENT TRANSMITTAL LETTER		DOCKET NUMBER: P-ZA 3519	
SERIAL NO: 09/300,959 Conf. No. 5037	FILING DATE: April 27, 1999	EXAMINER: A. Beckerleg	GROUP ART UNIT: 1632
INVENTION: SOMATIC TRANSGENE IMMUNIZATION AND RELATED METHODS			

TO COMMISSIONER FOR PATENTS

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I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, Washington, D.C., 20231 on November 12, 2002.

By: Deborah L. Cadena
Deborah L. Cadena, Reg. No. 44,048

November 12, 2002
Date of Signature

Transmitted herewith is a Response to the Office Action mailed May 9, 2002, with Appendix A, Exhibit A (including Exhibit 1) and Exhibit B (including Exhibits 1 through 12) in the above-identified application. Also transmitted herewith is Information Disclosure Statement with Form PTO 1449 with one reference.

- ☒ Small Entity status of this application has been established under 37 CFR 1.27 by a verified statement submitted on July 14, 1999.
- ☒ Petition for Extension of Time is enclosed (in duplicate).
- ☐ Terminal Disclaimer with fee under 37 C.F.R. 1.20(d) is enclosed.
- ☐ No additional claims fee is required.
- ☒ An additional claims fee is required and has been calculated as shown below:

CLAIMS AS AMENDED

	NUMBER AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		NUMBER OF EXTRA CLAIMS PRESENTED		RATE			FEE	
							SMALL ENTITY	OTHER ENTITY		SMALL ENTITY	OTHER ENTITY
TOTAL CLAIMS	36	-	34	-	2	x	\$9	\$18	=	\$18.00	\$
INDEPENDENT CLAIMS	9	-	7	-	2	x	\$42	\$84	=	\$84.00	\$
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			<input type="checkbox"/> YES		<input checked="" type="checkbox"/> NO		\$140	\$280	=	\$0.00	\$
							TOTAL ADDITIONAL FEE			\$102.00	\$

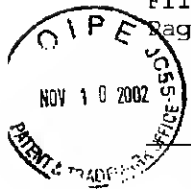
- * If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 20, write "20" in this space.
- ** If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 3, write "3" in this space.
- *** If the difference between the "NUMBER AFTER AMENDMENT" and the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 0, write "0" in the space.

Inventor: Maurizio Zanetti
Serial No.: 09/300,959
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Please charge my Deposit Account No. 03-0370 the amount of \$_____. A duplicate copy of this sheet is enclosed.

- ☒ A check in the amount of \$742.00 is enclosed, \$102.00 of which covers the additional claims fee, \$460 of which covers the fee for a three-month extension of time and \$180.00 of which covers the Information Disclosure Statement fee.
- ☒ The Commissioner is hereby authorized to charge payment of any fees associated with this communication or credit any overpayment to Deposit Account No. 03-0370. A duplicate copy of this sheet is enclosed.
- ☒ The Commissioner is hereby authorized to charge to Deposit Account No. 03-0370 any fees under 37 CFR 1.17 which may be required under 37 CFR 1.136(a)(3) for an extension of time in any concurrent or future reply requiring a petition for extension of time. A duplicate copy of this sheet is enclosed.

Respectfully submitted,

Deborah L. Cadena
Registration No. 44,048
CAMPBELL & FLORES LLP
4370 La Jolla Village Drive
7th Floor
San Diego, California 92122
858-535-9001
USPTO CUSTOMER NO. 23601